

## UPA Workshop

### Information about You:

First and Middle Names:

Last Name:

Street Address:

City:

State:

Zip Code:

E-mail Address:

Telephone No.:

Mother:\_\_\_\_ Father: \_\_\_\_

Case Number:

### Information about the Other Parent

First and Middle Names:

Last Name:

Father: \_\_\_\_ Mother: \_\_\_\_

### Information about the Children You Want to Include in this Case:

Name:

Date of Birth:

Age:

Sex:

\_\_\_\_\_

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**SUMMONS—UNIFORM PARENTAGE—PETITION FOR  
CUSTODY AND SUPPORT**

**CITACION JUDICIAL—DERECHO DE FAMILIA**

**NOTICE TO RESPONDENT (Name):**  
**AVISO AL DEMANDADO (Nombre):**

FOR COURT USE ONLY  
(SOLO PARA USO DE LA CORTE)

**You are being sued. A usted le estan demandando.**

**PETITIONER'S NAME IS:**  
**EL NOMBRE DEL DEMANDANTE ES:**

CASE NUMBER: (Número del Caso)

You have **30 CALENDAR DAYS** after this Summons and Petition are served on you to file a *Response to Petition to Establish Parental Relationship* (form FL-220) or *Response to Petition for Custody and Support of Minor Children* (form FL-270) at the court and serve a copy on the petitioner. A letter or phone call will not protect you.

If you do not file your Response on time, the court may make orders affecting custody of your children. You may be ordered to pay support and attorney fees and costs. If you cannot pay the filing fee, ask the clerk for a fee waiver form. If you want legal advice, contact a lawyer immediately.

*Usted tiene 30 DIAS CALENDARIOS después de recibir oficialmente esta citación judicial y petición, para completar y presentar su formulario de Respuesta (Response form FL -220) ante la corte. Una carta o una llamada telefónica no le ofrecerá protección.*

*Si usted no presenta su Respuesta a tiempo, la corte puede expedir órdenes que afecten la custodia de sus hijos ordenen que usted pague mantención, honorarios de abogado y las costas. Si no puede pagar las costas por la presentación de la demanda, pida al actuario de la corte que le dé un formulario de exoneración de las mismas (Waiver of Court Fees and Costs).*

*Si desea obtener consejo legal, comuníquese de inmediato con un abogado.*

**NOTICE** *The restraining order on the back is effective against both mother and father until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.*

**AVISO** *Las prohibiciones judiciales que aparecen al reverso de esta citación son efectivas para ambos cónyuges, madre el esposo como la esposa, hasta que la petición sea rechazada, se dicte una decisión final o la corte expida instrucciones adicionales. Dichas prohibiciones pueden hacerse cumpliren cualquier parte de California por cualquier agente del Orden público que las haya recibido o que haya visto una copia de ellas.*

1. The name and address of the court is: *(El nombre y dirección de la corte es)*

2. The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, is:  
*(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es)*

[SEAL]

Date (Fecha):

Clerk (Actuario), by \_\_\_\_\_, Deputy

**NOTICE TO THE PERSON SERVED: You are served**

a. ☐ as an individual.

b. ☐ on behalf of respondent

under: ☐ Code Civ. Proc., § 416.60 (minor)

☐ Code Civ. Proc., § 416.70 (ward or conservatee)

☐ Code Civ. Proc., § 416.90 (individual)

☐ other:

c. ☐ by personal delivery on (date):

(Read the reverse for important information)

*(Lea el reverso para obtener información de importancia)*

**STANDARD RESTRAINING ORDER—SUMMONS**  
**Uniform Parentage Act, Petition for Custody**  
***PROHIBICION JUDICIAL ESTANDARE—Ley Uniforme de Paternidad***

**STANDARD RESTRAINING ORDER**

**You and the other party are restrained from removing from the state the minor child or children for whom this action seeks to establish a parent-child relationship without the prior written consent of the other party or an order of the court.**

This restraining order is effective against petitioner upon filing a petition and against respondent on personal service of the summons and petition or on waiver and acceptance of service by respondent.

This restraining order is effective until the judgment is entered, the petition is dismissed, or the court makes a further order.

This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

***PROHIBICIONES JUDICIALES ESTANDARES***

***A partir de este momento, a usted y a la otra parte se les prohíbe que saquen del estado al hijo o hijos menores de las partes, para quienes esta acción judicial procura establecer una relación entre hijo y padres, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte.***

Esta prohibición judicial entrará en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste reciba la notificación personal de la citación judicial y petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.

Esta prohibición judicial continuará en vigencia hasta que se dicte la decisión final, la petición sea rechazada o la corte expida instrucciones adicionales.

Podrán hacerse cumplir en cualquier parte de California por cualquier agente del orden público que las haya recibido o que haya visto una copia de ellas.

- Form Approved for Optional Use  
Judicial Council of California  
FL-200 [Rev. January 1, 2003]

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Family Code, § 7630  
www.courtinfo.ca.gov

PETITIONER:  RESPONDENT:	CASE NUMBER:
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Petitioner requests the court to make the determinations indicated below.

**7. PARENT-CHILD RELATIONSHIP**

- a. ☐ Respondent    b. ☐ Petitioner  
 c. ☐ Other (*specify*):

is the parent of the children listed in item 2.

**8. CHILD CUSTODY AND VISITATION**

- |                                    | Petitioner               | Respondent               | Joint                    | Other                    |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

c. Visitation of children:

(1) ☐ None

(2) ☐ Reasonable visitation.

(3) ☐ Petitioner    ☐ Respondent    should have the right to visit the children as follows:

(4) ☐ Visitation with the following restrictions (*specify*):

d. Facts in support of the requested custody and visitation orders are (*specify*):

☐ Contained in the attached declaration.

e. ☐ I request mediation to work out a parenting plan.

**9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:**

Reasonable expenses of pregnancy and birth be paid by as follows:	Petitioner <input type="checkbox"/>	Respondent <input type="checkbox"/>	Joint <input type="checkbox"/>
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**10. FEES AND COSTS OF LITIGATION**

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. NAME CHANGE**

☐ Children's names be changed, according to Family Code section 7638, as follows (*specify*):

**12. CHILD SUPPORT**

The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

13. I have read the restraining order on the back of the *Summons* (FL-210) and I understand it applies to me when this Petition is filed.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF PETITIONER)
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A blank *Response to Petition to Establish Parental Relationship* (form FL-220) must be served on the Respondent with this Petition.

**NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.**

1. **I am a party** to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (*specify number*): \_\_\_\_\_ minor children who are subject to this proceeding, as follows:  
***(Insert the information requested below. The residence information must be given for the last FIVE years.)***

a. Child's name		Place of birth		Date of birth		Sex	
Period of residence  to present		Address  <input type="checkbox"/> Confidential		Person child lived with <i>(name and complete current address)</i>  <input type="checkbox"/> Confidential		Relationship	
to		Child's residence <i>(City, State)</i>		Person child lived with <i>(name and complete current address)</i>			
to		Child's residence <i>(City, State)</i>		Person child lived with <i>(name and complete current address)</i>			
to		Child's residence <i>(City, State)</i>		Person child lived with <i>(name and complete current address)</i>			
b. Child's name  <input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>		Place of birth		Date of birth		Sex	
Period of residence  to present		Address  <input type="checkbox"/> Confidential		Person child lived with <i>(name and complete current address)</i>  <input type="checkbox"/> Confidential		Relationship	
to		Child's residence <i>(City, State)</i>		Person child lived with <i>(name and complete current address)</i>			
to		Child's residence <i>(City, State)</i>		Person child lived with <i>(name and complete current address)</i>			
to		Child's residence <i>(City, State)</i>		Person child lived with <i>(name and complete current address)</i>			

- c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. ☐ Additional children are listed on form *FL-105(A)/GC-120(A)*. (*Provide all requested information for additional children.*)

SHORT TITLE: _____	CASE NUMBER: _____
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

<p>a. Name and address of person</p>   <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p>	<p>b. Name and address of person</p>   <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p>	<p>c. Name and address of person</p>   <p><input type="checkbox"/> Has physical custody  <input type="checkbox"/> Claims custody rights  <input type="checkbox"/> Claims visitation rights</p>
Name of each child	Name of each child	Name of each child

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached: \_\_\_\_\_

**NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.**

CASE NAME: _____	CASE NUMBER: _____
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**ATTACHMENT TO  
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

_____ Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence	Present address	Person child lived with (name and complete current address)	Relationship	
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

  

_____ Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and complete current address)	Relationship	
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

  

_____ Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and complete current address)	Relationship	
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		



ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           TELEPHONE NO.:            E-MAIL ADDRESS (<i>Optional</i>):            ATTORNEY FOR (<i>Name</i>):         </div> <div style="width: 45%;">           FAX NO. (<i>Optional</i>):         </div> </div>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>PROOF OF SERVICE OF SUMMONS</b>	CASE NUMBER:

1. At the time of service I was at least 18 years of age and not a party to this action. **I served the respondent with copies of:**
- a. ☐ Family Law: *Petition* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)
  - or—
  - b. ☐ Family Law—Domestic Partnership: *Petition—Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response—Domestic Partnership* (form FL-123)
  - or—
  - c. ☐ Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
  - or—
  - d. ☐ Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
  - and
  - e. ☐ (1) ☐ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)
  - (2) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)
  - (3) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)
  - (4) ☐ Completed and blank *Income and Expense Declaration* (form FL-150)
  - (5) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)
  - (6) ☐ Completed and blank *Property Declaration* (form FL-160)
  - (7) ☐ *Order to Show Cause* (form FL-300), *Application for Order and Supporting Declaration* (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)
  - (8) ☐ Other (*specify*):
2. Address where respondent was served:
3. I served the respondent by the following means (*check proper box*):
- a. ☐ **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (*date*): \_\_\_\_\_ at (*time*): \_\_\_\_\_
  - b. ☐ **Substituted service.** I left the copies with or in the presence of (*name*): \_\_\_\_\_ who is (*specify title or relationship to respondent*): \_\_\_\_\_
    - (1) ☐ **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed him or her of the general nature of the papers
    - (2) ☐ **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers

PETITIONER:	CASE NUMBER:
RESPONDENT:	

3. b. (cont.) on (date): at (time):

I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date):

A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.

c. ☐ **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): from (city):

(1) ☐ with two copies of the *Notice and Acknowledgment of Receipt (Family Law)* (form FL-117) and a postage-paid return envelope addressed to me. **(Attach completed Notice and Acknowledgment of Receipt (Family Law) (form FL-117).)** (Code Civ. Proc., § 415.30.)

(2) ☐ to an address outside California (by registered or certified mail with return receipt requested). **(Attach signed return receipt or other evidence of actual delivery to the respondent.)** (Code Civ. Proc., § 415.40.)

d. ☐ **Other** (specify code section):

☐ Continued on Attachment 3d.

4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):

a. ☐ As an individual **or**

b. ☐ On behalf of respondent who is a

(1) ☐ minor. (Code Civ. Proc., § 416.60.)

(2) ☐ ward or conservatee. (Code Civ. Proc., § 416.70.)

(3) ☐ other (specify):

#### 5. Person who served papers

Name:

Address:

Telephone number:

This person is

a. ☐ exempt from registration under Business and Professions Code section 22350(b).

b. ☐ not a registered California process server.

c. ☐ a registered California process server: ☐ an employee or ☐ an independent contractor

(1) Registration no.:

(2) County:

d. **The fee** for service was (specify): \$

6. ☐ **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

—or—

7. ☐ **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(NAME OF PERSON WHO SERVED PAPERS)

\_\_\_\_\_  
(SIGNATURE OF PERSON WHO SERVED PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):  
TELEPHONE NO.:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO  
3341 Power Inn Road  
Same as above  
Sacramento, CA 95826  
William R. Ridgeway Family Relations Courthouse

## MEDIATION NOTICE

(Required by Local Rule 14.26)

If your case involves child custody and visitation issues, the Court will refer you to the Office of Family Court Services where professionals will attempt to resolve your dispute. If an agreement is not reached, the Office of Family Court Services will prepare a written recommendation to the judge based upon the best interests of the child(ren) and each party's desires. The Court will provide one two-hour session at Family Court Services at no cost. If additional sessions are needed, the parties may be required to reimburse the cost. You may also choose to hire a private custody mediator-evaluator who will make a recommendation to the judge if the parties fail to reach an agreement. However, there are other ways to successfully resolve child custody and visitation disputes.

**The Sacramento County Superior Court recommends mediation as an alternative  
to litigation in family law cases.**

Mediation can be successfully used to resolve difficult disputes regarding property division, child support, spousal support, partner support, paternity, child custody, visitation, and many other family law problems. It is the Court's experience that when mediation is used, cases usually take less time to resolve and are resolved in a way that is acceptable to both sides.

Mediation is a way to reach a voluntary agreement with the help of a neutral person who is specially trained to solve disputes where the parties and/or their attorneys have been unable to reach agreement. It can help both parties improve communication and explore options for settling disputes. During mediation, the mediator will help balance the discussion, as each party takes turns talking about the issues. The mediator will not force the parties to settle in a particular way. Instead, the mediator will assist both parties to resolve the dispute in terms of each party's needs and interests. The agreements reached through mediation are not limited to what the law would require and can more easily accommodate the special circumstances of each case.

The parties may choose to hire either an attorney-mediator or a therapist-mediator. These mediators will not write a recommendation to the judge. The Court may provide one free mediation session, at Court, on the day of your hearing or one two-hour mediation session, at a mediator's office, for a flat fee of \$150.00. If additional mediation sessions are desired by the parties, they may hire a mediator at the mediator's hourly rate.

A list of mediators who have met the Court mediation training and experience standard and participate in the Superior Court mediation program is set forth on pages two and three of this notice. The attorney-mediators on this list offer mediation services in all family law areas including: divorce, custody, visitation, child support, spousal support, partner support and property division. The therapist-mediators on this list offer mediation in the areas of custody and visitation only. Participation in the various Court mediation programs will not affect your right to a hearing. If an agreement is not reached during mediation, your case will be heard by a judge. The Court does not endorse any particular mediator(s) nor warrant the outcome of mediation.

### INSTRUCTIONS

**All parties to a family law proceeding shall read this notice, sign on the last page following the list of mediators, and serve all pages of this notice on the other party, or parties, when serving a Family Law Petition, Response, Order to Show Cause, Response to Order to Show Cause, Noticed Motion, Response to Noticed Motion, or when serving a Uniform Parentage Act Pleading. A proof of service shall be filed with the Court.**

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**Sacramento Superior Court Mediation Program Attorney/Mediators**  
**The following mediators are qualified to mediate all disputes relating to Custody, Visitation,**  
**Child Support, Spousal Support, Partner Support, Property Division issues, and all other family law disputes.**

**KATHLEEN AMOS**

ATTORNEY AT LAW & MEDIATOR  
 1067 C STREET, #101 PMB 290  
 GALT, CA 95632  
 TELEPHONE: (916) 524-9014  
 TELEPHONE: (209) 745-1470

**HAL D. BARTHOLOMEW**

ATTORNEY AT LAW & MEDIATOR  
 4740 FOLSOM BLVD.  
 SACRAMENTO, CA 95819  
 TELEPHONE: (916) 455-5200

**MARY R. CAMPBELL**

ATTORNEY AT LAW & MEDIATOR  
 455 UNIVERSITY AVE., SUITE. 100  
 SACRAMENTO, CA 95825  
 TELEPHONE: (916) 922-8280

**PATRICIA D. CLARK**

ATTORNEY AT LAW & MEDIATOR  
 1722 PROFESSIONAL DRIVE  
 SACRAMENTO, CA 95825  
 TELEPHONE: (916) 488-5088

**DERRAUGH DAWSON**

ATTORNEY AT LAW & MEDIATOR  
 102 E STREET  
 DAVIS, CA 95616  
 TELEPHONE: (530) 758-0500

**SONDRA J. DILLON**

ATTORNEY AT LAW & MEDIATOR  
 2938 WEALD WAY, Suite #1723  
 SACRAMENTO, CA 95833  
 TELEPHONE: (916) 730-7090

**BRYAN GINTER**

ATTORNEY AT LAW & MEDIATOR  
 4740 Folsom Blvd.  
 SACRAMENTO, CA 95819  
 TELEPHONE: (916) 455-5200

**DONALD A. HANSEN**

ATTORNEY AT LAW & MEDIATOR  
 2377 GOLD MEADOW WAY, SUITE. 142  
 GOLD RIVER, CA 95670  
 TELEPHONE: (916) 631-1991

**SHARYN KAPLAN**

ATTORNEY AT LAW & MEDIATOR  
 3104 O STREET, SUITE 335  
 SACRAMENTO, CA 95816  
 TELEPHONE: (916) 455-1928

**TERRI NEWMAN**

ATTORNEY AT LAW & MEDIATOR  
 4378 AUBURN BLVD. #100  
 SACRAMENTO, CA 95841  
 TELEPHONE: (916) 979-9444

**RENEE PENA**

ATTORNEY AT LAW & MEDIATOR  
 1380 LEAD HILL BLVD. #106  
 ROSEVILLE, CA 95661  
 TELEPHONE: (916) 774-4660

**MARY B. PETERSON**

ATTORNEY AT LAW & MEDIATOR  
 2377 GOLD MEADOW WAY, SUITE. 100  
 GOLD RIVER, CA 95670  
 TELEPHONE: (916) 631-1512

**NANCY REGAN**

ATTORNEY AT LAW & MEDIATOR  
 2377 GOLD MEADOW WAY  
 GOLD RIVER, CA 95670  
 TELEPHONE: (916) 962-1233

**ROBERT ROTH**

ATTORNEY AT LAW & MEDIATOR  
 1420 RIVER PARK DRIVE, 2<sup>ND</sup> FLOOR  
 SACRAMENTO, CA 95815  
 TELEPHONE: (916) 923-2223

**PAULA SALINGER**

ATTORNEY AT LAW & MEDIATOR  
 2251 FAIR OAKS BLVD. #100  
 SACRAMENTO, CA 95825  
 TELEPHONE: (916) 920-0211

**STEPHANIE WILLIAMS**

ATTORNEY AT LAW & MEDIATOR  
 1420 RIVER PARK DRIVE, 2<sup>ND</sup> FLOOR  
 SACRAMENTO, CA 95815  
 TELEPHONE: (916) 923-2223

**CHRISTOPHER TERRILL**

ATTORNEY AT LAW & MEDIATOR  
 2880 Sunrise Blvd. #141  
 Rancho Cordova, Ca 95670  
 TELEPHONE: (916) 631-1662

## Sacramento Superior Court Mediation Program Therapist/Mediators

The following mediators are qualified to mediate only those disputes relating to Custody and Visitation Issues.

**BIJILI ABBEY, MFT**  
THERAPIST & MEDIATOR  
9845 HORN ROAD, SUITE 250  
SACRAMENTO, CA 95827  
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SACRAMENTO, CA 95825  
TELEPHONE: (916) 564-0990

The undersigned certifies that he/she has read the foregoing mediation notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner/Plaintiff

\_\_\_\_\_  
Respondent/Defendant

### INSTRUCTIONS

All parties to a family law proceeding shall read this notice, sign on the last page following the list of mediators, and serve all pages of this notice on the other party or parties when serving a Family Law Petition, Response, Order to Show Cause, Response to Order to Show Cause, Noticed Motion, Response to Noticed Motion, or when serving a Uniform Parentage Act Pleading. A proof of service shall be filed with the court.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):    TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER:	
<b>NOTICE AND ACKNOWLEDGMENT OF RECEIPT</b>	
CASE NUMBER: _____	

To (name of individual being served): \_\_\_\_\_

### NOTICE

The documents identified below are being served on you by mail with this acknowledgment form. You must personally sign, or a person authorized by you must sign, this form to acknowledge receipt of the documents.

If the documents described below include a summons and you fail to complete and return this acknowledgment form to the sender within 20 days of the date of mailing, you will be liable for the reasonable expenses incurred after that date in serving you or attempting to serve you with these documents by any other methods permitted by law. If you return this form to the sender, service of a summons is deemed complete on the date you sign the acknowledgment of receipt below. This is **not** an answer to the action. If you do not agree with what is being requested, you must submit a completed *Response* form to the court within 30 calendar days.

Date of mailing: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF SENDER—MUST NOT BE A PARTY IN THIS CASE  
AND MUST BE 18 OR OLDER)

### ACKNOWLEDGMENT OF RECEIPT (To be completed by sender before mailing)

I agree I received the following:

- a. ☐ Family Law: *Petition* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)
- b. ☐ Family Law—Domestic Partnership: *Petition—Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response—Domestic Partnership* (form FL-123)
- c. ☐ Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
- d. ☐ Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
- e. ☐ (1) ☐ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105)
- (5) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)
- (2) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)
- (6) ☐ *Order to Show Cause* (form FL-300), *Application for Order and Supporting Declaration* (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)
- (3) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)
- (7) ☐ Other (specify): \_\_\_\_\_
- (4) ☐ Completed and blank *Income and Expense Declaration* (form FL-150)

**(To be completed by recipient)**

Date this acknowledgment is signed: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT)

Attach copies of your pay stubs for last two months (black out social security numbers).

- American LegalNet, Inc.  
www.FormsWorkflow.com

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)
- |  | Last month | Average monthly |
|--|------------|-----------------|
| a. Salary or wages (gross, before taxes) . . . . .   | \$ _____   | _____           |
| b. Overtime (gross, before taxes) . . . . .  | \$ _____   | _____           |
| c. Commissions or bonuses. . . . .   | \$ _____   | _____           |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving . . . . .  | \$ _____   | _____           |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage . . . . .  | \$ _____   | _____           |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership . . . . .                    | \$ _____   | _____           |
| g. Pension/retirement fund payments. . . . .   | \$ _____   | _____           |
| h. Social security retirement (not SSI) . . . . .  | \$ _____   | _____           |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance . . . . . | \$ _____   | _____           |
| j. Unemployment compensation . . . . .   | \$ _____   | _____           |
| k. Workers' compensation . . . . .   | \$ _____   | _____           |
| l. Other (military BAQ, royalty payments, etc.) (specify): . . . . .   | \$ _____   | _____           |

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)
- |                                     |          |       |
|-------------------------------------|----------|-------|
| a. Dividends/interest. . . . .      | \$ _____ | _____ |
| b. Rental property income . . . . . | \$ _____ | _____ |
| c. Trust income. . . . .            | \$ _____ | _____ |
| d. Other (specify): . . . . .       | \$ _____ | _____ |

7. **Income from self-employment, after business expenses for all businesses.** . . . . . \$ \_\_\_\_\_
- I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): \_\_\_\_\_
- Number of years in this business (specify): \_\_\_\_\_
- Name of business (specify): \_\_\_\_\_
- Type of business (specify): \_\_\_\_\_

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): \_\_\_\_\_

10. **Deductions** . . . . . Last month
- |   |          |
|---|----------|
| a. Required union dues . . . . .  | \$ _____ |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA). . . . .                                  | \$ _____ |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount). . . . .                     | \$ _____ |
| d. Child support that I pay for children from other relationships. . . . .  | \$ _____ |
| e. Spousal support that I pay by court order from a different marriage. . . . .                                       | \$ _____ |
| f. Partner support that I pay by court order from a different domestic partnership . . . . .                          | \$ _____ |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") . . . . . | \$ _____ |

11. **Assets** . . . . . Total
- |   |          |
|---|----------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts . . . . .  | \$ _____ |
| b. Stocks, bonds, and other assets I could easily sell . . . . .  | \$ _____ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) . . . . . | \$ _____ |



PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
---	-----------------------

**12. The following people live with me:**

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**13. Average monthly expenses**      ☐ Estimated expenses      ☐ Actual expenses      ☐ Proposed needs

- |   |   |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes ..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) ..... \$ _____</p> <p>(4) Maintenance and repair ..... \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care ..... \$ _____</p> <p>d. Groceries and household supplies. .... \$ _____</p> <p>e. Eating out. .... \$ _____</p> <p>f. Utilities (gas, electric, water, trash) ..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail ..... \$ _____</p> | <p>h. Laundry and cleaning ..... \$ _____</p> <p>i. Clothes ..... \$ _____</p> <p>j. Education ..... \$ _____</p> <p>k. Entertainment, gifts, and vacation. .... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) ..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments. .... \$ _____</p> <p>o. Charitable contributions. .... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here). . \$ _____</p> <p>q. Other (specify): ..... \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. <b>TOTAL EXPENSES</b> (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. <b>Amount of expenses paid by others</b> \$ _____</p> |
|---|---|

**14. Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**15. Attorney fees** (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

**CHILD SUPPORT INFORMATION****(NOTE: Fill out this page only if your case involves child support.)****16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$  
*(Do not include the amount your employer pays.)*

**18. Additional expenses for the children in this case**

Amount per month

- a. Child care so I can work or get job training. . . . . \$ \_\_\_\_\_
- b. Children's health care not covered by insurance . . . . . \$ \_\_\_\_\_
- c. Travel expenses for visitation . . . . . \$ \_\_\_\_\_
- d. Children's educational or other special needs *(specify below)*: . . . . . \$ \_\_\_\_\_

**19. Special hardships.** I ask the court to consider the following special financial circumstances*(attach documentation of any item listed here, including court orders):*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b. . . . . \$ \_\_\_\_\_
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) . . . . . \$ \_\_\_\_\_
- c. (1) Expenses for my minor children who are from other relationships and are living with me . . . . . \$ \_\_\_\_\_
- (2) Names and ages of those children *(specify)*:

(3) Child support I receive for those children. . . . . \$ \_\_\_\_\_

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

**20. Other information I want the court to know concerning support in my case *(specify)*:**

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

Fill in case number and name:

Case Number:

Case Name:

1 **Your Information** (person asking the court to waive the fees):

Name: \_\_\_\_\_

Street or mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

2 **Your Job**, if you have one (job title): \_\_\_\_\_

Name of employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

3 **Your lawyer**, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes ☐ No ☐

b. (If yes, your lawyer must sign here) Lawyer's signature: \_\_\_\_\_

*If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.*

4 **What court's fees or costs are you asking to be waived?**

- ☐ Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
- ☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees and Costs* (form APP-015/FW-015-INFO).)

5 **Why are you asking the court to waive your court fees?**

a. ☐ I receive (check all that apply): ☐ Medi-Cal ☐ Food Stamps ☐ SSI ☐ SSP ☐ County Relief/General Assistance ☐ IHSS (In-Home Supportive Services) ☐ CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) ☐ CAPI (Cash Assistance Program for Aged, Blind and Disabled)

b. ☐ My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$389.59 for each extra person.
1	\$1,128.13	3	\$1,907.30	5	\$2,686.46	
2	\$1,517.71	4	\$2,296.88	6	\$3,076.05	

c. ☐ I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one): ☐ waive all court fees ☐ waive some of the court fees ☐ let me make payments over time (Explain): \_\_\_\_\_ (If you check 5c, you must fill out page 2.)

6 ☐ Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here: ☐ )

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.**

Date: \_\_\_\_\_

Print your name here

Sign here

Your name: \_\_\_\_\_

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

- 7 ☐ Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

**8 Your Monthly Income**

- a. Gross monthly income (before deductions): \$ \_\_\_\_\_  
List each payroll deduction and amount below:
- |     |       |    |       |
|-----|-------|----|-------|
| (1) | _____ | \$ | _____ |
| (2) | _____ | \$ | _____ |
| (3) | _____ | \$ | _____ |
| (4) | _____ | \$ | _____ |
- b. Total deductions (add 8a (1)-(4) above): \$ \_\_\_\_\_
- c. Total monthly take-home pay (8a minus 8b): \$ \_\_\_\_\_
- d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
- |     |       |    |       |
|-----|-------|----|-------|
| (1) | _____ | \$ | _____ |
| (2) | _____ | \$ | _____ |
| (3) | _____ | \$ | _____ |
| (4) | _____ | \$ | _____ |
- e. Your total monthly income is (8c plus 8d): \$ \_\_\_\_\_

**9 Household Income**

- a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.
- | Name      | Age   | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____        | \$ _____             |
| (2) _____ | _____ | _____        | \$ _____             |
| (3) _____ | _____ | _____        | \$ _____             |
| (4) _____ | _____ | _____        | \$ _____             |
- b. Total monthly income of persons above: \$ \_\_\_\_\_

**Total monthly income and household income (8e plus 9b):** \$ \_\_\_\_\_

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page. ☐

**Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.**

**10 Your Money and Property**

- a. Cash ----- \$ \_\_\_\_\_
- b. All financial accounts (List bank name and amount):
- |     |       |    |       |
|-----|-------|----|-------|
| (1) | _____ | \$ | _____ |
| (2) | _____ | \$ | _____ |
| (3) | _____ | \$ | _____ |
| (4) | _____ | \$ | _____ |
- c. Cars, boats, and other vehicles
- | Make / Year | Fair Market Value | How Much You Still Owe |
|-------------|-------------------|------------------------|
| (1) _____   | \$ _____          | \$ _____               |
| (2) _____   | \$ _____          | \$ _____               |
| (3) _____   | \$ _____          | \$ _____               |
- d. Real estate
- | Address   | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) _____ | \$ _____          | \$ _____               |
| (2) _____ | \$ _____          | \$ _____               |
| (3) _____ | \$ _____          | \$ _____               |
- e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
- | Describe  | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) _____ | \$ _____          | \$ _____               |
| (2) _____ | \$ _____          | \$ _____               |
| (3) _____ | \$ _____          | \$ _____               |

**11 Your Monthly Expenses**

(Do not include payroll deductions you already listed in 8b.)

- a. Rent or house payment & maintenance \$ \_\_\_\_\_
- b. Food and household supplies \$ \_\_\_\_\_
- c. Utilities and telephone \$ \_\_\_\_\_
- d. Clothing \$ \_\_\_\_\_
- e. Laundry and cleaning \$ \_\_\_\_\_
- f. Medical and dental expenses \$ \_\_\_\_\_
- g. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_
- h. School, child care \$ \_\_\_\_\_
- i. Child, spousal support (another marriage) \$ \_\_\_\_\_
- j. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_
- k. Installment payments (list each below):
- Paid to:
- |     |       |    |       |
|-----|-------|----|-------|
| (1) | _____ | \$ | _____ |
| (2) | _____ | \$ | _____ |
| (3) | _____ | \$ | _____ |
- l. Wages/earnings withheld by court order \$ \_\_\_\_\_
- m. Any other monthly expenses (list each below):
- Paid to:
- |           | How Much? |
|-----------|-----------|
| (1) _____ | \$ _____  |
| (2) _____ | \$ _____  |
| (3) _____ | \$ _____  |
- Total monthly expenses (add 11a – 11m above):** \$ \_\_\_\_\_

# Order on Court Fee Waiver (Superior Court)

Clerk stamps date here when form is filed.

**1 Person who asked the court to waive court fees:**

Name: \_\_\_\_\_

Street or mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3 A request to waive court fees was filed on (date):** \_\_\_\_\_

☐ The court made a previous fee waiver order in this case on (date): \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number and case name:

**Case Number:**

**Case Name:**

**Read this form carefully. All checked boxes ☒ are court orders.**

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

**4 After reviewing your (check one):** ☐ Request to Waive Court Fees ☐ Request to Waive Additional Court Fees **the court makes the following orders:**

a. ☐ The court **grants** your request, as follows:

(1) ☐ **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rule 3.55.*) You do not have to pay the court fees for the following:

- Filing papers in Superior Court
- Making copies and certifying copies
- Sheriff's fee to give notice
- Reporter's daily fee (for up to 60 days following the fee waiver order at the court-approved daily rate)
- Preparing and certifying the clerk's transcript on appeal
- Giving notice and certificates
- Sending papers to another court department
- Court-appointed interpreter in small claims court
- Court fees for phone hearings

(2) ☐ **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.

- ☐ Jury fees and expenses
- ☐ Fees for a peace officer to testify in court
- ☐ Fees for court-appointed experts
- ☐ Court-appointed interpreter fees for a witness
- ☐ Reporter's daily fees (beyond the 60-day period following the fee waiver order)
- ☐ Other (specify): \_\_\_\_\_

(3) ☐ **Fee Waiver for Appeal.** The court grants your request and waives the fees and costs checked below, for your appeal. (*Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.*) You do not have to pay for the checked items.

- ☐ Preparing and certifying clerk's transcript for appeal
- ☐ Other (specify): \_\_\_\_\_

Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

- b. ☐ The court **denies** your request, as follows:

**Warning!** If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

- (1) ☐ The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date below) to:
- Pay your fees and costs, or
  - File a new revised request that includes the items listed below (*specify incomplete items*): \_\_\_\_\_

- (2) ☐ The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): \_\_\_\_\_

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

- c. ☐ The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*): \_\_\_\_\_

- ☐ Bring the following proof to support your request if reasonably available: \_\_\_\_\_

**Hearing  
Date**

→ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Name and address of court if different from page 1: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Rm.: \_\_\_\_\_

**Warning!** If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: \_\_\_\_\_

Signature of (check one): ☐ Judicial Officer ☐ Clerk, Deputy



**Request for Accommodations.** Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

### Clerk's Certificate of Service

I certify that I am not involved in this case and (*check one*): ☐ A certificate of mailing is attached.

☐ I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.

☐ This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (city): \_\_\_\_\_, California on the date below.

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy

## INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, or if you are filing or have received a family law petition, and if you cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs *and* your court fees, you may ask the court to waive all or part of your court fees.

1. To make a request to the court to waive your fees in superior court, complete the *Request to Waive Court Fees* (form FW-001). If you qualify, the court will waive all or part of its fees for the following:
  - Filing papers in superior court (other than for an appeal in a case with a value of over \$25,000)
  - Making and certifying copies
  - Sheriff's fee to give notice
  - Court fees for telephone hearings
  - Reporter's daily fee (*for up to 60 days after the grant of the fee waiver, at the court-approved daily rate*)
  - Preparing, certifying, copying, and sending the clerk's transcript on appeal.
  - Giving notice and certificates
  - Sending papers to another court department
  - Having a court-appointed interpreter in small claims court
2. You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a *Request to Waive Additional Court Fees (Superior Court)* (form FW-002). The court will consider waiving fees for items such as the following, or other court services you need for your case:
  - Jury fees and expenses
  - Fees for court-appointed experts
  - Reporter's daily fees (*beyond the 60-day period after the grant of the fee waiver, at the court-approved daily rate*)
  - Fees for a peace officer to testify in court
  - Court-appointed interpreter fees for a witness
  - Other necessary court fees
3. If you want the Appellate Division of Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on *Information Sheet on Waiver of Appellate Court Fees, Supreme Court, Court of Appeal, Appellate Division* (form APP-015/FW-015-INFO).

### IMPORTANT INFORMATION!

- **You are signing your request under penalty of perjury. Please answer truthfully, accurately, and completely.**
- **The court may ask you for information and evidence.** You may be ordered to go to court to answer questions about your ability to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you are granted may be ended if you do not go to court when asked. You may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- **If you receive a fee waiver, you must tell the court if there is a change in your finances.** You must tell the court within five days if your finances improve or if you become able to pay court fees or costs during this case. (File *Notice to Court of Improved Financial Situation or Settlement* (form FW-010) with the court.) You may be ordered to repay any amounts that were waived after your eligibility came to an end.
- **If you receive a judgment or support order in a family law matter:** You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.
- **If you win your case in the trial court:** In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases. (Government Code, section 68637(d), (e).))
- **If you settle your civil case for \$10,000 or more:** Any trial court waived fees and costs must first be paid to the court out of the settlement. **The court will have a lien on the settlement in the amount of the waived fees and costs.** The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.
- **The court can collect fees and costs due to the court.** If waived fees and costs are ordered paid to the trial court, the court can start collection proceedings and add a \$25 fee plus any additional costs of collection to the other fees and costs owed to the court.
- **The fee waiver ends.** The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or earlier if a court finds that you are not eligible for a fee waiver.
- **If you are in jail or state prison:** Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time.